

Nurse Aide Training and Competency Evaluation Program Waiver Application

OAC 310:677-1-3(d)

The Department shall grant a graduate of an approved practical or registered nurse program located in the United States a waiver to be placed on the nurse aide registry if the following criteria are met:

- 1) The individual submits all information specified on the Department's Nurse Aide Training and Competency Evaluation Program Waiver Application; and
- 2) The individual does not have a denied, revoked or suspended license or certificate or an administrative penalty or disciplinary action imposed by the Oklahoma Board of Nursing or similar agency in another state, territory or district of the United States or in another country, to be evidenced by the individual's attestation.

Please check the type of certification you are requesting. (To be placed on the registry as a CMA, you must be currently certified as a LTCA, HHA, or ICF/IIDCA.)

- | | |
|--|--|
| <input type="checkbox"/> LTC = Long Term Care Aide (No Fee Required) | <input type="checkbox"/> ADC = Adult Day Care Aide \$15 fee |
| <input type="checkbox"/> HHA = Home Health Aide \$15 fee | <input type="checkbox"/> RCA = Residential Care Aide \$15 fee |
| <input type="checkbox"/> ICF/IIDCA = Intermediate Care Facility for individuals with Intellectual Disabilities Care Aide \$15 fee | |
| <input type="checkbox"/> CMA = Certified Medication Aide \$15 fee | |

Please include the following:

- ☐ Photocopy of diploma from an approved practical or registered nurse program
- ☐ A **Non-Refundable** \$15.00 processing fee for each HHA, DDDCA, ADCA, RCA, and CMA requested
- ☐ Identification of all states, territories and districts of the United States and other countries where the individual has practiced or been licensed, certified or registered as a nurse

Name (Please Print): _____ Date of Birth: _____

Address: _____

City State Zip

Signature: _____ Date: _____

E-mail Address: _____ Social Security number: _____

Attestation

I affirm the information on this form to be true and correct to the best of my knowledge.

X _____

Signature of Applicant

_____/_____/_____

Date

LTC Only - NO Fee required: Email: nar@health.ok.gov or Mail: NAR-OSDH, PO Box 268816, Oklahoma City, OK 73126-8816

Certification(s) Requiring Fee(s): Make check/money order payable to: **OSDH/Nurse Aide Registry**

Mail to: NAR-OSDH, P. O. Box 268816, Oklahoma City, OK 73126-8816

***NOTE: All Fees submitted are NON-Refundable**

Total Enclosed \$ _____

AFFIDAVIT OF LAWFUL PRESENCE BY PERSON
MAKING APPLICATION FOR A LICENSE, PERMIT OR CERTIFICATE

I, the undersigned applicant, being of lawful age, state that one of the following statements is true and correct: (Check which of the following statements apply.)

- ☐ I am a United States citizen.
- ☐ I am an approved alien under the federal Immigration and Nationality Act and am approved to be present in the United States. **I understand that this approval may or may not include approval for employment. The issuance of a license, permit, or certificate issued by the Oklahoma State Department of Health is not authorization for employment in the United States.**

Indicate the identification number and authorizing document below.

Admission/Registration #: _____

- | | |
|---|---|
| <input type="checkbox"/> U.S. Passport or Passport Card | <input type="checkbox"/> Passport with temporary I-551 notation |
| <input type="checkbox"/> Permanent Resident Card | <input type="checkbox"/> Employment Authorization Card |
| <input type="checkbox"/> Certificate of Naturalization | <input type="checkbox"/> Passport with temporary I-551 stamp |
| <input type="checkbox"/> Other: _____ | |

I state under penalty of perjury under the laws of Oklahoma that the foregoing is true and correct and that I have read and understand this form and executed it in my own hand.

Date _____

Signature _____

City & State _____

Print Name _____

If applying to renew a license, permit, or certificate, please write the number: _____
Current license, permit, or certificate #

**INSTRUCTIONS FOR USE OF THE AFFIDAVIT OF LAWFUL PRESENCE BY
PERSON MAKING APPLICATION FOR A LICENSE, PERMIT OR CERTIFICATE**

The person signing this form must read these instructions carefully.

1. If the person executing this form is receiving services and not making an application for a license, permit or certificate, this form should **not** be used but rather, either the form titled, "*Affidavit of Lawful Presence by Parent or Guardian of Person Receiving Services*" or the form titled "*Affidavit of Lawful Presence by Person Receiving Services*" should be used.
2. If the person executing this form is a citizen of the United States then that person should check the box to the left of the statement, "*I am a citizen of the United States.*" If the person executing this form is not a citizen of the United States but is an approved alien under the federal Immigration and Nationality Act and is lawfully present in the United States then that person should check the box to the left of the statement, "*I am an approved alien under the federal Immigration and Nationality Act and am approved to be present in the United States.*"
3. Provide the identification number in the space provided after "*Admission/Registration #*" and check the box to the left of the authorizing document type.
4. In the space after the word "Date" the person executing this form should write today's date. The person executing this form should indicate the city and state where they are actually located when they sign this form in the space provided for signature and printname in space provided. If applying for a renewal, write the license, permit, or certificate number in the space provided.
5. Within the context of the execution of this form, the term "penalty of perjury" means the willful assertion of the fact of either United States citizenship or lawful presence in the United States as a qualified alien, and made upon one's oath or affirmation and knowing such assertion to be false. Making such a willful assertion on this form knowing it to be false is a crime in Oklahoma and may be punishable by a term of incarceration of not more than five (5) years in prison. Additionally, one who procures another to commit perjury is guilty of the crime of subornation of perjury and may be punished in the same manner, as he would be if personally guilty of the perjury so procured.